



HEALTH AFFAIRS

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

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MEMORANDUM FOR THE ARMED FORCES EPIDEMIOLOGICAL BOARD

SUBJECT: Multiple Concurrent Immunizations and Safety Concerns

In 2000, the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH) asked the Institute of Medicine (IOM) to establish an independent expert committee to review hypotheses about existing immunization safety concerns. On February 20, 2002, the IOM released its third report that addressed multiple immunizations and immune dysfunction. The IOM Immunization Safety Review Committee found that the available scientific evidence did not indicate that the infant immune system is inherently incapable of handling the number of antigens that children are exposed to during routine immunizations or that a causal relationship between multiple immunizations and increased risk for infections exists. The Committee recommended limited but continued public health attention to this issue in the form of policy analysis, research and communication strategy development.

Multiple simultaneous immunization has been a long-standing practice in military medicine, even though less published information is available regarding this practice in adults than in children. A number of vaccines have been combined in a single dose for simplicity of administration. These have undergone rigorous evaluation to make sure that the combined products do not interact with each other and can be given together safely. To ensure current DoD policy on vaccine administration meets our obligation to protect and preserve the health of the men and women who serve our Nation, I request the Armed Forces Epidemiological Board to consider the scientific evidence regarding receipt of multiple simultaneous vaccinations including combination vaccines, and whether there are potential combinations of vaccines that together might be cause for safety concern when administered to adults.

I would like the Board to address this issue at the February 2004 meeting and provide any pertinent recommendations as appropriate.

Ellen P. Embrey
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(Force Health Protection and Readiness)

cc:
DASD, Clinical and Program Policy